

## **INSTRUCTIONS**

Kentucky Cabinet for Health Services Radiation Control Regulations require the owner of radiation producing machines to register such items with the Kentucky Cabinet for Health Services within ten (10) days following the acquisition of the registrable item(s).

### **Facility Name**

The common name used daily. In most cases, this will be the same as item 2, e.g. John J. Jones, DMD or Centerville Hospital, Inc. The facility name may be Family Dental Clinic or Radiology Associates while item 2 will be a corporate (PSC) or individual's name. The best guide is the name used when answering the telephone.

### **Owner**

For the purposes of this regulation, the name of the owner must be the person, lessee, or bailee having legal title to, or legal possession of the registrable item. "Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this Commonwealth, any other state or political subdivision thereof, and any legal successor, representative, agent, or agency of the foregoing, other than Federal Government agencies.

### **Address**

The address shall mean the physical location where the registrable item(s) will be used and/or stored.

### **Radiation Safety Officer**

The owner or person in custody of the registrable item shall perform or provide for the services of a Radiation Safety Officer and with his advice shall establish operating rules and procedures which will provide reasonable assurances that the provisions of the Kentucky Radiation Regulations are being carried out. No person shall assume or be designated a Radiation Safety Officer unless he is qualified by training and experience to assume the responsibilities of informing himself of all the hazards and precautions involved in the activity for which he is designated as Radiation Safety Officer.

### **Contact Person**

Please designate an individual who can be contacted to schedule inspections and answer related questions. Also indicate telephone number.

FORWARD THE COMPLETED REGISTRATION APPLICATION TO:

CABINET FOR HEALTH SERVICES  
RADIATION HEALTH AND TOXIC AGENTS BRANCH  
275 EAST MAIN STREET, HS2E-D  
FRANKFORT, KY 40621  
TELEPHONE NO. (502) 564-3700

**Registration Does Not Imply Approval Or Disapproval And Is Not A License**



# KENTUCKY CABINET FOR HEALTH SERVICES

Radiation Health & Toxic Agents Branch

County \_\_\_ Dist \_\_\_ Insp \_\_\_

## REGISTRATION APPLICATION FOR RADIATION PRODUCING MACHINES

For Department use only

Registration Number

DEPARTMENT FOR PUBLIC HEALTH

1. Facility Name \_\_\_\_\_

2. Name of owner and/or user: \_\_\_\_\_

3. Address of Installation:

Street \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

4. Mailing Address:

Street or P O Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

5. Contact Person: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

6. Radiation producing machines: Fill in applicable blanks (see codes listed below):

Select No. From list below		Maximum		Check appropriate box			Manufacturer, Model & Serial No.	Room No./ Location
TYPE	PURPOSE	KVP	MA	Fixed	Mobile	Portable		
							Control Panel: Tube Housing:	
							Control Panel: Tube Housing:	
							Control Panel: Tube Housing:	
							Control Panel: Tube Housing:	
							Control Panel: Tube Housing:	
							Control Panel: Tube Housing:	

TYPE: 1. Radiographic  
2. Fluoroscopic  
3. Combination (1&2)  
4. Dental

5. Therapy  
6. Photofluorographic  
7. Diffraction  
8. Other: Specify

PURPOSE: A. Human use: Diagnostic  
B. Human use: Therapeutic  
C. Animal use  
D. Research

E. Industrial  
F. No longer in use, in storage  
G. Other: Specify

Equipment Vendor: \_\_\_\_\_

Signature (owner): \_\_\_\_\_

Vendor Registration No.: \_\_\_\_\_

Application Date: \_\_\_\_\_

Vendor's Address: \_\_\_\_\_

Date of Initial Operation: \_\_\_\_\_

Vendor's Telephone Number: ( ) \_\_\_\_\_